of democracy, the simple cause of freedom that is being fought for in Iraq today.

America is providing the kind of leadership the world respects and the world has come to understand; that it is what America stands for. When Americans provide that kind of leadership, it is incumbent on all Americans to rally around the leadership of this country in times of great crisis in the world, when we are the leader of the free world, and not to try to incite the other side, not try to create a more difficult position for our brave men and women in the military, who today continue to be in harm's way and continue to suffer loss of life.

Speaking of that, I concur with my friend from Minnesota, our hearts go out to the families of those brave men and women—all 600-plus—who have suffered loss of life in Iraq as a result of their fight for the cause of freedom. In addition to that, we have a number of men and women who have been injured; and, again, it is for the right reason.

I had a great privilege about 2 weeks ago of visiting a number of military bases in my State. One of the bases I visited was Fort Gordon, GA. At Fort Gordon, right outside of Augusta, we had a tour of the base, the usual things that we do to see what is going on with respect to the missions at Fort Gordon. At the end of the day, I had the opportunity to participate in a very unique ceremony. It was a reenlistment ceremony, where 17 men and women were reenlisting in the U.S. Army.

Some of these men and women had been longtime members of the Armed Forces; some had only been in for a couple of years, but they were re-upping. Some of them had been to Iraq. Some of them had seen their fellow soldiers fallen to the ground injured or killed. Yet here they were raising their right hand and reenlisting in the U.S. Army.

I had the opportunity to visit with every single one of them, and for the most part, I asked the same question to each of them; and that is, Why are you doing this? Why are you reenlisting in the Army in these difficult times? I felt so great, No. 1, just to be in the presence of those true American heroes; but secondly, the response I got, in unison, from those individuals was that: I like my job. I enjoy what I am doing, and it is my opportunity to do something positive for America.

The ones who had been in Iraq had a very high morale about what is going on over there because they are the ones who were on the ground every day in Iraq. They know the feeling of the majority—the overwhelming majority—of the Iraqi people. They support the freedom and democracy that America is making the sacrifices for.

Some say this administration underestimated just how difficult and complex the job in Iraq would be. I will be honest, I have come to share that view. I think the administration would agree with that. But I believe, therefore, we need to learn from our tactical mistakes, and to ensure that our posture in Iraq is flexible and can adapt to fluid and developing circumstances. If this means finding new ways to ensure Shiite grievances are heard, so be it, as the cooperation of the Shiite majority in the transition ahead is essential to that transition success. But the CPA must also respond aggressively to aggression of any kind that is directed against our troops.

In talking about what we anticipated or what the administration expected in Iraq, let's talk also about some of the things we did not expect. We did not expect for clerics in that part of the world to come forward, and instead of preaching religion that you would expect them to be preaching, to be preaching and advocating hatred and violence towards Americans—Americans, who had given them the opportunity to stand in that mosque and express the words they were expressing, because without the Americans taking down Saddam Hussein, they would not have that freedom, they would not have the ability to carry out their disruptions and the violence that is ongoing over there today.

But removed from that, and behind the cloud of those robes of religion, clerics are hiding, and they are also hiding behind innocent women and children and shielding themselves by use of innocent people from the Americans who seek to arrest and prosecute them for the crimes they have carried out. Those are the types of things that no administration could anticipate and no administration should have expected when we freed the people of Iraq from the regime of Saddam Hussein.

There is one other aspect of the situation in Iraq that is just as personally, if not more personally, troubling to me; and that is the issue relative to our lack of intelligence gathering, the lack of the ability to use human assets on the ground inside of Iraq, to make sure we find out what is going on among these radical clerics who are advocating violence; what is going on with respect to the terrorist community and the terrorists themselves relative to attacks against Americans; what is going on with respect to the long-term plans of these terrorists as it applies to the American service people, as well as civilians who are on the ground in Iraq.

We are not doing the job of gathering intelligence that we need to be doing. As a member of the Intelligence Committee, I assure you, we are doing our oversight. We are going to be critical where we need to be critical because this is a phase of this war that must improve. We are going to do our job and make it improve so the people of Iraq will ultimately be free, the world will be safer, and America will be a safer country.

I yield back, Mr. President.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

PREGNANCY AND TRAUMA CARE ACCESS PROTECTION ACT OF 2004—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 2207, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to proceed to the bill (S. 2207) to improve women's access to health care services, and the access of all individuals to emergency and trauma care services, by reducing the excessive burden the liability system places on the delivery of such services.

The PRESIDING OFFICER. Under the previous order, the next 2 hours shall be equally divided between the two leaders or their designees.

The Senator from New Hampshire.

Mr. GREGG. Mr. President, we now return to the issue of how we make health care more affordable and accessible to the American people. This bill will try to reduce the liability, the insurance costs of doctors who deliver babies and doctors who work in emergency rooms, making the practice of those different disciplines more attractive to doctors and allowing, therefore, especially women who are having children more access to doctors. Especially in rural areas this is a huge problem because so many OB doctors have had to give up the practice of medicine because of the cost of their liability insurance. We return to that bill.

UNANIMOUS CONSENT REQUEST—H.R. 633

But before we go on to that bill, I think it is important that we address other legislation that could also significantly reduce the cost of health care in this country and improve its delivery. One such piece of legislation has been reported out of the committee which I have the privilege to chair, which is the Health, Education, Labor, and Pensions Committee. It was reported out unanimously—unanimously. It is the patient safety bill, and it basically is structured so that it does, for example, make information as to how errors occur within the medical profession more available within the medical profession so people in the medical profession can learn from these errors.

Today, regrettably, if you have an experience of doing a procedure inappropriately, having a medication which is inappropriately applied, or having an operating room that may not be set up correctly, and as a result errors result from that type of activity which lead to injury or problems for patients, that information is kept very close. It is not made available generally to the medical profession for the obvious reason that they will be sued.

What this bill does is essentially try to create a better atmosphere for allowing that information to be shared

and, thus, reducing medical errors. We know, for example, that there is a huge number of people in this country every year who are impacted by medical errors and that there are 98,000 preventable deaths that occur as a result of medical errors. This information would significantly reduce those occurrences by allowing this information—the information of how these errors occur—to be shared within the medical community.

It would create a system for voluntary reporting of medical errors. It would establish Federal evidentiary privilege and confidentiality protections to promote the reporting of medical errors. It would produce better procedures, interventions, and safety protocols for eliminating errors and improving quality of care. It would permit safety data to be shared and disseminated nationally so other caregivers can learn from mistakes that have occurred without the fear of litigation.

It is excellent legislation, such strong legislation, in fact, that it was reported unanimously out of the committee which I have the privilege to chair. Yet it has been stopped on the floor for reasons I find difficult to understand. I know it has cleared our side of the aisle, that the Republican membership is willing to move on it. In fact, we are willing to move on it by a voice vote on this side of the aisle.

At this time I ask unanimous consent that the HELP Committee be discharged from further consideration of H.R. 633, the Patients Safety Act, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Is there objection? The Senator from Nevada.

Mr. REID. Mr. President, I agree with the chairman of the committee. The committee has done a tremendously important job on this bill. It is something we need to do.

As indicated, this patient safety bill—I should say as indicated by the chairman—is something that is so vitally important. There are news articles about the fact of patients not being treated properly. One of the reasons is simply we don't have information from various institutions as to what has happened.

To make a long story short, we have a bill before us. There is an amendment. We have had a couple of Members on our side who want to simply look at the amendment. I am confident this is something that can be done in the near future. I look forward to working with the chairman and the other members of the committee to make sure we can move this as quickly as possible. Therefore, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. GREGG. Mr. President, I would inquire of the assistant leader of the Democratic membership if there is a timeframe when we could bring this bill to the floor.

Mr. REID. I will meet sometime or visit with the ranking member, Senator KENNEDY, later today and try to get a timeframe. I think we can do this fairly quickly.

Mr. GREGG. That would be excellent. I appreciate the response of the Senator from Nevada.

Mr. REID. If the Senator will yield for a unanimous consent request, we have 10 minutes left on our side on the debate on the cloture motion. I yield that final 10 minutes to the Senator from Illinois, Mr. DURBIN.

Mr. GREGG. Mr. President, I have the floor, correct?

Mr. REID. We are just giving our final 10 minutes to the Senator from Illinois. Forty minutes to Senator BYRD, 10 to Mr. DAYTON, and now we are giving 10 minutes to the Senator from Illinois.

Mr. GREGG. At this time, I yield to the Senator from Nevada such time as he may consume.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. ENSIGN. Mr. President, I thank the chairman of the HELP Committee for the work he has done to bring this legislation to the floor of the Senate, trying to get an up-or-down vote, or just trying to proceed to debate this bill.

For those people around the country who do not understand the way the Senate works, we have to have 60 votes to proceed to the bill on reforming our medical liability system. We have to have 60 votes to go to the bill, to amend it, and then to vote it up or down. It is a shame the Democratic side of the aisle is not even allowing us to have an up-or-down vote on this incredibly important legislation.

Today 19 States across the United States are in full-blown crisis, according to the American Medical Association, regarding medical liability. Only six States are stable because of the reforms they have in place. OB/GYNs, emergency room physicians, and trauma doctors are the hardest hit, but they are not the only ones. From 1982 to 1998, the average premium for OB/GYNs rose 167 percent. In 2002, the average premium for emergency room physicians rose by 56 percent. In Las Vegas, OB/GYNs have seen a 300- to 400-percent increase in their premiums as of late. Three years ago they paid around $40,000 a year; now they pay upwards of $200,000 a year.

To help curb the cost, OB/GYNs are limiting the number of babies they deliver, and some of them are no longer delivering babies at all and are only practicing gynecology. In fact, many of them are leaving our State altogether.

This crisis has now grown to affect our students in medical schools across the country. Nevada is really suffering because it is the fastest growing State in the country. Medical students are now avoiding high-risk specialties. Nevada's school of medicine had the lowest number of students entering obstetrics it has had since 1999. That number has decreased every year since 2000.

Nationally, half of all medical students indicate the liability crisis is a factor in their choice of specialty. For osteopathic students, the numbers are even worse. Eighty-two percent say cost and availability of insurance will influence their specialty choice. Eighty-six percent say cost and availability of insurance will determine where in the country they practice. With doctors leaving practice and no more entering the field, patients are suffering and will suffer more in the future.

Patients are what this debate is all about—not doctors or lawyers. Patients can't find access to care when they need it. For example, Nevada's only level I trauma center closed for 10 days in 2002. The center serves trauma victims over 10,000 square miles—in Nevada, parts of California, Utah, and Arizona. In 2002, this trauma center cared for 11,600 patients. Mainly, these patients suffer the most traumatic injuries such as severe car accidents, knife and gunshot wounds, and brain and spinal cord trauma.

This closure cost Jim Lawson his life on July 4, 2002. We have a picture of Jim. Jim lived in Las Vegas, and was just 1 month shy of his 60th birthday. He had recently returned from visiting his daughter in California. When he returned, he was injured in a severe car accident. Jim should have been taken to the university medical center's level I trauma center, but it was closed. Instead, Jim was taken to another emergency room to be stabilized and transferred to Salt Lake City's trauma center. Tragically, Jim never made it that far. He died that day due to cardiac arrest caused by blunt force from physical trauma.

Why was Nevada's only level I trauma center closed? Simple fact: There were not enough doctors available to provide care. There were not enough doctors because of skyrocketing medical liability premiums.

How do we know it was because of that reason? It is very simple. It reopened a week later when the State put the level I trauma center under its umbrella coverage where the maximum the State could be sued for is $50,000. The legislation we have before us caps non-economic damages at much more—$250,000—but allows recovery of economic damages to be unlimited. Remember, economic damages are for lost wages, medical bills, etc.

We have cases in California, where a law is in place that is almost identical to the legislation we are talking about today, where patients have been awarded millions of dollars in compensation. It is the out-of-control jury awards across the country that are dramatically raising our premiums.

I want to emphasize again, the level one trauma center in Las Vegas was reopened because the State of Nevada took it under its wing and said: We will protect any of the doctors who work there with a maximum liability coverage of $50,000 in damages.

Opponents on the other side argue that injured patients won't get what

they need financially if malpractice occurs as determined by a jury. Let's remember that patients can recover damages in three different ways under our bill, and in only one case, non-economic damages, are we placing a distinct limit. Economic damages would be unlimited and punitive damages are available in the cases of gross malpractice. This bill would create strong medical liability reform where patients can actually get the kind of compensation they need and they can get it sooner because they can navigate through the courts much faster. Undoubtedly, the courts will work a lot more quickly because there won't be so many frivolous cases clogging up the civil justice system.

The cases we hear about, whether it is in the trauma centers or because there are no OB/GYNs available, are tragic. It is the patients who are being hurt every day. The other side says they are trying to stand up for the little guy—the little guy who gets hurt because of medical malpractice. And we definitely should stand up for those people because there are some very tragic cases.

Without a doubt they deserve just compensation. Unfortunately, our system has swung out of balance. It is too easy to sue these days because the threat of a lawsuit and the cost of that lawsuit is so exorbitant that medical providers and their insurance companies often settle out of court. It is an absolute fact that providers and their insurers settle even in those cases they probably could win just because of the enormous expense and time.

Adding to this broken cycle are these so-called ''professional witnesses,'' for lack of a better term. When I say professional witnesses, I mean physicians who no longer are practicing. Some have practiced a little bit, but they all of a sudden become experts in fields they never practiced in. Our legislation says if someone is testifying as an expert, they need to be an expert in the field they are testifying about. In other words, you don't want somebody who is a family doctor testifying in the case that involves a pediatric neurosurgeon. You want somebody who is a specialist in pediatric neurosurgery and knows about the ins and outs of that specific practice of medicine.

Again, this legislation would allow those people who actually have had medical malpractice inflicted upon them to get through the court system faster, so maybe the ones who are truly hurt will get the compensation before they die. For many today, because the courts are so clogged up, it takes 6 to 10 years to get through the court system, and many of them die before they ever get compensation. Talk about a tragedy. So if people really want to stand up for the little guy and they want to say I want to fight for the little guy—if they want to fight for the person who actually gets hurt, let's pass legislation that allows the cases to get through the courts in a much more expeditious fashion.

Another benefit of this bill is most, if not all, of the reforms it contains will help lower the cost of health insurance in this country for everybody, so hopefully we will have more people with health insurance. If the costs are lower, more people can afford it, and we will have fewer uninsured in this country.

How many more doctors do we have to lose in Nevada and other States? Do we really want people who are not as qualified to go into some of these specialties? Do we want to start scraping the bottom of the barrel, or do we want the best and the brightest to go into these specialty fields? They always have in the past. Now they look out there and say, you know what, I am not going to be able to afford to practice. Why would the best and the brightest go into it when they say, I am going to go to 4 years undergraduate, 4 years medical school, and then I am going to do anywhere from 3 to 8 years, depending on the postgraduate training that is required in the specialty field, before I start making decent money. What people don't realize is even after these students graduate from medical school, they might make $30,000 to $40,000 doing ''slave labor,'' working 100 hours a week, while they are learning their particular field of study.

We want the best people who are willing to sacrifice all of those years and all of those hours of hard work to be able to go into those fields. At the end, yes, they should be rewarded economically, just as anyone who works hard toward entering a specific field of work. But many of them will not do it for the simple fact they are not going to be able to afford the medical liability premiums. That is why it is so critical we pass medical liability reform.

Today, we have before us a bill we have limited to provide relief to two specialties. It only covers OB/GYNs and professionals involved in the practice of emergency medicine and/or trauma medicine. We have limited it to highlight two of the most high-risk and the most severely affected areas in our health care system today.

If you don't like portions of the bill and want to change it, fine. Let's have a healthy debate and amend the bill. Let's take amendments one at a time and amend the bill and then come out with a product that will actually fix the problems we have in this country. Right now the other side, the Democratic side of the aisle—it almost boggles my mind some of the points they argue against this bill—but they won't even let us have the bill brought to the floor where it can be amended. They won't let us have a fair debate where we can amend this bill. Sadly, they are obstructionists on so many pieces of legislation this year. But at least on the other pieces of legislation that they are obstructing they are not costing lives. On this legislation, they are costing lives. Unfortunately, more and more lives will be lost in the future. When there are not enough doctors to treat patients, it costs lives.

The providers covered in this bill—OBGYNs, ER and trauma doctors—if they are not available to care for patients, people are going to die. People are going to end up in a situation like Jim Lawson's who, as we showed earlier, needed the kind of specialty care only a trauma center can provide. Right now, the doctors are not there to be able to give the patients the kind of care they need. We have to ask ourselves, what if it were one of our loved ones—not ourselves, but one of our loved ones? For instance, down in Florida, Dr. Frank Schwerin's son was injured. He is an internist. His son is a 4-year-old named Craig. Craig struck his head on the side of a swimming pool. Within minutes, he became lethargic and began to vomit. He was rushed to North Collier emergency room. The ER physician paged the neurosurgeon on call. Unfortunately, neurosurgeons in Collier County were not able to treat pediatric patients because they were too high risk. The nearest pediatric neurosurgeon was 150 miles away. In neurological trauma, every minute counts. After an hour or so of receiving what care he could, Craig was eventually stabilized. But not every child is that lucky. No parent should have to go through that wondering, does my child have the best care they can get, simply because the specialist left their area because the medical liability premiums were too expensive. I cannot tell you how many doctors who are in this situation. By the way, it is not only doctors. We are also talking nurse-midwives, EMTs, emergency and fire personnel, you name it. Throughout the health care provider system, people are affected by the out-of-control medical liability costs. But the physicians I have talked to, anecdotally, in story after story, say people were sued for the first time in their life in a case they may have had very little to do with. They walked in, gave only a consultation to another physician who was the primary doctor on the case, and then they are sued because malpractice was committed somewhere down the line by someone else on the case. Even though it had nothing to do with them, they now have to spend literally thousands of dollars defending themselves.

The system is broken. It is out of control. Our system of justice swings like a pendulum. Right now, it has swung too far in one way—in the trial lawyer's favor. We have to bring it back in favor of the patients. The patients need to come first. That is what we are talking about today in this legislation—putting patients first instead of trial lawyers.

Mr. President, I will conclude with this. I want to talk about the States that have enacted reforms versus the States that have not. I wish to give a couple of examples to put this in dollar terms so people can get their arms around it.

This chart explains it very clearly. First of all, this is an example of internal medicine, general surgery, and OB/GYN. I will focus on the OB/GYNs to keep it simple because they are affected directly by this legislation.

L.A., Denver, New York, Las Vegas, Chicago, and Miami are listed on this chart. The population shares are relatively similar. This shows the medical liability premiums in the various cities. This is a 2002 survey. Mind you, the cities with the problems are in much worse shape in 2004 than they were in 2002.

An OB/GYN pays about $55,000 a year in L.A., and around $31,000 a year in Denver. California and Colorado are two States that have had good medical liability reforms passed at the State level, and these reforms have been in place for several years. If we go to New York, Las Vegas, Chicago, or Miami—take your pick—none of these States have good medical liability reform passed. In New York, they are paying $90,000; $108,000 in Las Vegas. That number is way low. At a minimum it is $140,000. Chicago, $102,000, and Miami is over $200,000 a year. That is why doctors are leaving their practices.

One can say doctors make so much money that they can afford this. The average OB/GYN in Las Vegas makes around $200,000 a year. When $108,000 is going for medical liability coverage, you can see there is not very much left for the provider. You raise this up to $140,000, $150,000, $160,000, as many are now experiencing in my state, and there is not a lot of room left. I would also mention that with the way these doctors are getting paid at fixed rates, through managed care, Medicaid, and the like, there is not a lot of room left to afford rising premium rates. The fact is they are leaving the practice or they are limiting the amount of babies they deliver simply because they cannot afford to deliver babies. In the fastest growing cities and metro areas, that is unacceptable.

This chart shows California versus U.S. premiums from 1976 to 2000. California has the model legislation we all look at. These are the premiums. This is California, the blue line, which is very stable. There has been an increase of about 167 percent over that time, a little more than inflation, but pretty close. Look at it for the rest of the country: 505 percent.

Is medical liability reform working in California? I think the answer is pretty obvious that it is. We need a national solution. We need to say to the trial lawyers: Listen, we respect the fact you went to law school and you want to make a lot of money, but I think the system has been abused enough. It is time to put the patients first.

Let's vote for cloture today. Let's get the 60 votes needed to at least go to debate on the bill. And if my colleagues do not like the provisions of the bill, let's amend it. Let's have up-or-down votes on amendments. Let's get to final passage where we can actually correct what is wrong with the health care system in the United States by eliminating abusive lawsuits, outrageous and unwarranted jury awards, and out-of-control medical liability premiums.

I yield the floor and reserve the remainder of our time.

ORDER OF PROCEDURE

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent that the 10 minutes already allocated to me be increased to 20 minutes and include the time previously allocated to Senator DAYTON of Minnesota.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. Mr. President, I thank the Senator from Minnesota for yielding me the 10 minutes so I might speak to this important issue this morning. I thank the Senator from Nevada for illustrating to us a serious challenge that faces America. There is no doubt in my mind, nor in the minds of those who studied this issue nationwide, that we need to do something as a nation to deal with medical malpractice liability.

It is clear that in many parts of our country, in many parts of my State, the cost of medical malpractice insurance has gone up dramatically, to the point that some doctors are moving to other States and some are retiring. That is a reality. It is a reality in Illinois. It is a reality in other States. I believe we need to do what is necessary on a bipartisan basis to grapple with this issue.

Although it will be the first time in history the Federal Government would take on the question of civil procedure and medical malpractice cases in States, frankly, it may be the only way to approach it. So I agree with my colleagues on the other side of the aisle that inaction on our part will only make this problem worse. We need to move forward. But I come today to tell you the bill before us, S. 2207, is not the right approach.

I encourage my colleagues on both sides of the aisle to look at this bill carefully. I hope they will view, as I do, this bill as an honest attempt to identify a problem but a very inadequate attempt to solve it.

Let me say at the outset that a lot has been said about emergency rooms, which are covered by this bill. Some has been said about OB/GYNs delivering babies, and that is covered by this bill. But the sponsors of this bill have not mentioned the fact that it also exempts from full liability drug companies, medical product manufacturers, insurance companies, those who make vaccines that cause problems for children. They are also included in this bill.

So much has been argued about the doctors in the emergency rooms, but the full scope of the bill has not been described, at least as long as I have been on the floor.

Let me tell you what I think is wrong with this bill. Here is what the bill says: The bill says in cities and communities across America where we rely on a jury of your neighbors and friends to come together and decide what is fair and what is just, when it comes to those lawsuits involving injuries, coming out of, for example, an emergency room treatment, no longer will a local jury decide. The case will be decided on the floor of the Senate. One hundred Senators will decide today with this bill that regardless of what happens to you or your child when you go to an emergency room for treatment, regardless of the possibility that you brought your child in as an innocent victim seeking medical care at an emergency room, and that child, the love of your life, became the victim of medical malpractice, regardless of the circumstances, we will decide on the floor of the Senate, if that child is facing a lifetime of disability, a lifetime of disfigurement, a lifetime of pain and suffering, we, the jury of the Senate, will decide it will never be worth more than $250,000 for the pain and suffering, for the disfigurement, for the incapacity they will face. That is what the bill says.

When you look at it you think, why? Why would we decide that regardless of the lawsuit, someone could never receive more than $250,000 for pain and suffering, for noneconomic losses? The argument is, unless we put a cap on the possible recovery in a lawsuit, malpractice premiums will continue to rise and doctors will not be able to afford them. That is the premise. That is the argument of this bill.

So the first thing I would like to do is question that premise. Let's look at the facts.

Here we have OB/GYN insurance premiums in States with caps, with limitations on the amount a jury can award, and without caps. In California, with caps of $250,000, called for in this bill, we see a 54-percent increase in the year 2003 in medical malpractice premiums; Oregon, with no caps, 0 percent increase; California, a 15-percent increase versus the State of Washington, 0 percent; Colorado, a 29-percent increase where they have caps and limitations on jury verdicts, and in Georgia with no caps, a 10-percent increase; New Mexico, with caps on how much the jury can award, a 52-percent increase in malpractice premiums; Arizona, right next door with no caps, no limitations, only a 14-percent increase.

So the argument that caps will bring down premiums is illustrated here to just be wrong. The premise is wrong. The argument is wrong.

Take a look at the premiums and what has happened in States without caps between 1991 and 2002 and those with limitations on jury verdicts.

Arizona in this period of time of 10 or 11 years, 3-percent increase; New York,